



MOLST Program

Overview for EMS Providers, First Responders and other initial decision makers



MOLST for EMS & First Responders

Version 7.31.07



How to Use this Presentation

- This PowerPoint presentation may be used as a companion to or in lieu of "Writing Your Final Chapter: Know Your Choices ... Share Your Wishes" (Video 1) and "MOLST Comprehension Review" (Under Video Refresher) Use of the videos is preferred.
- The educator using this presentation should review materials from the CompassionandSupport.org website including the videos mentioned above, the video "Honoring Patient Preferences: The Role of MOLST in New York State," NYS BEMS Policy 99-10, and the MOLST form
- The educator must also understand that the project is a pilot for out of hospital patients in Monroe and Onondaga Counties, but the form is valid in ANY NYS Healthcare facility.
- The educator should also be familiar with any local or regional protocols regarding DNR, MOLST, and advanced directives.
- Students should have a copy of the MOLST form to review during the presentation.



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Objectives



- Review of Out of Hospital Results
- Introduction to Medical Orders for Life Sustaining Treatment
- Validation and Interpretation the MOLST
- Implementing the Patient's Wishes
 - DNR or Resuscitation for initial providers
 - Other patient care decisions for transport and ALS providers



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Review of Out of Hospital CPR and AED Results



- What is our "save rate" for Cardiac Arrest?
- How does age and other health factors change that "save rate"?
- Are Out of Hospital Cardiac Arrests dignified?
- Are patient desires always able to be followed?



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Introduction to Medical Orders for Life Sustaining Treatment



- MOLST Form is physician's order sheet
- Completed with the patient or patient's designee and physician
- Provide Explicit direction for CPR, mechanical ventilation and other life sustaining treatments
- Reviewed with patient on a regular basis
- The form is the result of a lengthy discussion with the patient



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When is it important for EMS Providers?



- In most situations, the form will just need to go with the patient to the hospital or back home
 - Look for the form on the refrigerator, the back of the bedroom door or in the patient's chart
- When the patient has stopped breathing and lost a pulse, an EMS Provider will need to locate the form, determine if it is valid, and follow the directions either to DNR or to CPR
- If the patient is critically ill, sections on "Life Sustaining Treatments" may apply



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MOLST Form characteristics



- » Original is a uniform "MOLST Pink" and printed on heavy stock
- » Do Not Resuscitate or Full CPR is on page 1
- » Other Care decisions are documented on page 2
- » Can replace NYS DOH "Out of Hospital DNR Form"
- » An "Out of Hospital DNR Form" is still valid if found
- » May have Supplemental Documentation Form for Adults who lack ability to consent as required by law and for Children under 18 and unmarried or not parents



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Interpreting the MOLST



- The MOLST Form contains the patient's express wishes,
- » however like a DNR those wishes can be changed verbally by the patient at any time
 - » If a conflict between the form and family occurs –
 - » Avoid the conflict (NYS Policy 99-10)
 - » Contact the physician indicated on the form
 - » Contact medical control
 - » Follow best judgment



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Determine If the Form is Valid



- Check patient name and date of birth

PER TRANSFERRED OR DISCHARGED

Last Name of Patient/Resident _____

First Name/Middle Initial of Patient/Resident _____

Patient/Resident Date of Birth _____



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In Section B



Section B DNR (CPR) CONSENT OF PATIENT/RESIDENT WITH DECISION-MAKING CAPACITY:
Section A reflects my treatment preferences.

Patient/Resident Signature _____ Check if verbal consent _____ Print Patient/Resident Name _____ Date _____

Witness of Patient/Resident Signature or Verbal Consent _____ Print Witness Name _____ Date _____

- Is there a patient signature with printed name on the top line or indication of verbal consent?
 - Is there a witness signature and name on the second line?
- If yes – The patient has expressed their wishes**



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DNR (CPR) CONSENT OF HEALTH CARE AGENT (HCA) OR SURROGATE DECISION-MAKER FOR PATIENT/RESIDENT WITHOUT DECISION-MAKING CAPACITY: This document reflects what is known about the patient/resident's treatment preferences. For Patient/Resident without decision-making capacity, or when medical futility or therapeutic exception is used, Supplemental MOLST Documentation Form MUST be completed and should always accompany this MOLST Form. If patient/resident has a legal and valid DNR previously completed while patient/resident had capacity, attach to MOLST. Prior form attached Supplemental Documentation Form completed

HCA/Surrogate Signature _____ Check if verbal consent _____ Print Name _____ Date _____

Relationship to Patient/Resident: _____

Witness Signature _____ Print Witness Name _____ Date _____

- Are there signatures on these lines?
 - In an emergency, it is enough to assume these signatures are valid
 - Supplemental forms providing further clarification may also be reviewed to verify consent



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Physician Signature



Section C Physician Signature for Sections A and B:

Physician Signature _____ Print Physician Name _____ Date _____

(Alert Witness/Patient/Resident Signature or Verbal Consent)

Physician License # _____ Physician Photo/Pager # _____

It is the responsibility of the physician to determine, within the appropriate period, (see below) whether this order continues to be appropriate, and to indicate this by a note in the person's medical chart. The issuance of a new form is NOT required, and under the law this order should be considered valid unless it is known that it has been revoked. This order remains valid and must be followed, even if it has not been reviewed within the appropriate time period. The physician must review these orders as follows: Hospital: at least every 7 Days; Nursing Home/Skilled Nursing Facility: at least every 60 Days; Nonhospital/Community Setting: at least every 90 Days.

- » In Section C, is there a physician signature and name?
- » If there are signatures where appropriate in sections B and C, Check the dates with the signatures?



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- What is the date of the most recent signature?
- Is it within 90 days for a community setting or 60 days for a nursing home/ skilled nursing facility?
- Yes- The form is valid
- No – Check pages 3 and 4 of the MOLST for the most recent signature. Are those dates within 90 or 60 days? If yes, the form is valid if the check box next to “No changes” or “Changes – Additions only” is checked



VOIDED SUBJECT'S FORM IN CHART OR FACILITY RECORD, OR AS REQUIRED BY LAW.

Review of this MOLST Form				
Section	Date	Reviewer's Name and Signature	Location of Review	Outcome of Review
Section F (Review of this Form)				<input type="checkbox"/> No Change <input type="checkbox"/> Changes – Additions only <input type="checkbox"/> FORM VOIDED, new form completed <input type="checkbox"/> FORM VOIDED, no new form
				<input type="checkbox"/> No Change <input type="checkbox"/> Changes – Additions only <input type="checkbox"/> FORM VOIDED, new form completed <input type="checkbox"/> FORM VOIDED, no new form
				<input type="checkbox"/> No Change <input type="checkbox"/> Changes – Additions only <input type="checkbox"/> FORM VOIDED, new form completed <input type="checkbox"/> FORM VOIDED, no new form

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Follow the Written Orders



Section A
Check One Box Only

RESUSCITATION INSTRUCTIONS (ONLY for Patients in Cardiopulmonary Arrest):
(If patient/resident has no pulse and/or no respirations)

Do Not Resuscitate (DNR)* (DNR = No cardiopulmonary resuscitation, endotracheal intubation or mechanical ventilation)

Full Cardio-Pulmonary Resuscitation (CPR) – No Limitations

* For incapacitated adults, and/or for therapeutic or medical facility exceptions, and/or for residents of CMB, CMB/ED or correctional facilities, also complete relevant sections of Supplemental DNR Documentation Form For Adults. For minor patients, also complete Supplemental DNR Documentation Form for Minors. For patients in the community, also complete NYS DOH Nonhospital DNR Form, unless located in Monroe or Chenango Counties.

- Section A will indicate either “Do Not Resuscitate” or “Full Cardiopulmonary Resuscitation”
 - » For DNR- Verify that the patient is pulseless and not breathing
 - » Ensure that the transporting agency can get a copy or the original of the MOLST form
 - » For Full CPR – assess for signs of obvious death, if none are present, begin full CPR procedures



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ADDITIONAL TREATMENT GUIDELINES: (Comfort measures are always provided.)

Comfort Measures Only – The patient is treated with dignity and respect. Reasonable measures are made to offer food and fluids by mouth. Medication, positioning, wound care, and other measures are used to relieve pain and suffering. Oxygen, suction and manual treatment of airway obstruction are used as needed for comfort. *Do Not Transfer to hospital for life-sustaining treatment. Transfer if comfort care needs cannot be met in current location.*

Limited Medical Interventions – Oral or intravenous medications, cardiac monitoring, and other indicated treatments are provided except as specified in Sections A or E. Guidance about acceptable/unacceptable interventions relevant to this patient/resident may be written under “Other Instructions” below. *Transfer to the hospital as indicated.*

No Limitations on Medical Interventions – All indicated treatments are provided except as specified in Sections A. *Transfer to the hospital as indicated, including intensive care.*

- Comfort Measures only** –
- All BLS Care such as positioning, suction and oxygen
- Do Not Transport unless patient can not be made comfortable at the scene. This will involve consultation with medical control and the patient’s physician.
- Limited Medical Interventions**
- All Pre-Hospital Care – unless otherwise specified in Section A or E
- Transfer to the hospital as required.
- No Limitations**
- All Pre-Hospital Care unless specified in Section A



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ADDITIONAL INTUBATION AND MECHANICAL VENTILATION INSTRUCTIONS: If patient/resident is DNR, and has progressive or impending pulmonary failure without acute cardiopulmonary arrest:

Do Not Intubate (DNI)

A trial period of intubation and ventilation

Intubation and long-term mechanical ventilation, if needed

FUTURE HOSPITALIZATION / TRANSFER: (For long-term care residents and home patients)

No hospitalization unless pain or severe symptoms cannot be otherwise controlled.

Hospitalization with restrictions outlined in Section: A and E.

Additional Intubation and Mechanical Ventilation Instructions

- » Do Not Intubate – BLS care only. Intubation also includes BIADs such as LMA or Combitube
- » A trial period of intubation and ventilation –
- » Intubation and Long Term mechanical ventilation
- Future Hospitalization/Transfer**
- » No Hospitalization unless pain or severe symptoms cannot be otherwise controlled -
- » Hospitalization with Restrictions outlined in sections A and E –refer to other sections of the form as needed such as ventilation, antibiotics, etc,



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ARTIFICIALLY ADMINISTERED FLUIDS AND NUTRITION: (If Health Care Agent makes decision, it must be based on knowledge of patient/resident's wishes.)

No feeding tube (offer food/fluids as tolerated)

A trial period of feeding tube

Long-term feeding tube, if needed

No IV Fluids (offer food/fluids as tolerated)

A trial of IV fluids

ANTIBIOTICS:

No antibiotics (except for comfort)

Antibiotics

OTHER INSTRUCTIONS: (May include additional guidelines for starting or stopping treatment; in sections above or other directions not addressed elsewhere.)

- Artificially Administered Fluids and Nutrition
- » For Prehospital – No IV Fluids vs. Trial of IV Fluids – EMS = a trial period
- Antibiotics- Not applicable
- Other instructions- Follow any relevant instructions.
Request advice from Medical Control if Necessary.



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Additional Information



- www.compassionandsupport.org
 - Contains videos with extensive background on the MOLST project and form utilization
 - Educational and reference tools
- NYS DOH Policy 99-10

For changes or suggestions about this presentation, contact Paul Bishop at pbishop@monroec.edu



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